

PART B—ISSUE FEE TRANSMITTAL

P-3895 CON
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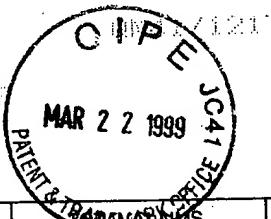
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

MEDTRONIC INC
7000 CENTRAL AVENUE NE
MINNEAPOLIS MN 55402



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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

Kathleen A. Paron

(Depositor's name)

Kathleen Paron (Signature)

March 17, 1999

(Date)

APPLICATION NO.	FILING DATE	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/915,673	08/21/97	MASTERS, A	03/26 13217/99
First Named Applicant			

TITLE OF INVENTION

BORST,
METHOD AND APPARATUS FOR TEMPORARILY IMMOBILIZING A LOCAL AREA OF TISSUE

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Harold R. Patton

2 Peter Forrest

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, INC

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Minneapolis, MN
Please check the appropriate assignee category indicated below (will not be printed on the patent)

Individual corporation or other private group entity government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee

Advance Order - # of Copies _____

4b. The following fees or deficiency in these fees should be charged to:

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Issue Fee

Advance Order - # of Copies 10

The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

REG. NO. 33235

(Date)

17 MAR 99

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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DEC 21 1998

U.S. PATENT AND TRADEMARK OFFICE
MEDTRONIC, INC.

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02 FC:561 30.00 CH

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